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2003 AUG 21 PM 4:19

CERTIFIED COPY

Attorney for Applicant

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MARICOPA

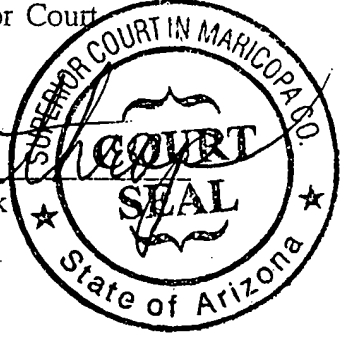
In the Matter of the Estate)	NO: PB2003-003387
)	
of)	
)	
Robert Murray Ricketts,)	
)	LETTERS OF PERSONAL
)	REPRESENTATIVE
)	
Deceased.)	
_____)	

Robin (Ricketts) Machette, is hereby appointed as Personal Representative of this Estate, without restriction.

DATED this 21 day of August, 2003. MICHAEL K. JEANES, CLERK

Clerk of the Superior Court

By [Signature]
Deputy Clerk



mltr:pr The foregoing instrument is a full, true and correct copy of the original on file in this office.

I further certify that the ~~Order~~/Statement appointing the
✓ Personal Representative Conservator Guardian
was signed on AUG 21 2003 and that these
letters have not been revoked.

Attest AUG 21 2003
MICHAEL K. JEANES, Clerk of the Superior Court of the
State of Arizona in and for the county of Maricopa.
By [Signature] Deputy

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

ORIGINAL
STATE
COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

DEATH NO. **2003 - 018915**
D 102-

NAME OF DECEASED ROBERT MURRAY RICKETTS		SEX MALE	DATE OF DEATH JUNE 17 2003	
RACE (e.g., white, black, American Indian, (specify tribe) etc.) WHITE		WAS DECEASED OF HISPANIC ORIGIN? (SPECIFY YES OR NO) NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.
PLACE OF DEATH MARICOPA		C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) SCOTTSDALE HEALTHCARE/SHEA		D. <input type="checkbox"/> DOA <input type="checkbox"/> OP EMER <input type="checkbox"/> IN PATIENT
DATE OF BIRTH MAY 5 1920		AGE (YEARS LAST BIRTHDAY) 83	IF UNDER 1 YEAR MOS. DAYS 83	IF UNDER 1 DAY HRS. MIN. 83
STATE AND CITY OF BIRTH (If not in USA, name country) INDIANA, KOKOMO		CITIZEN OF WHAT COUNTRY? SPECIFY U.S.A.		SOCIAL SECURITY NO. 315-10-1416
USUAL RESIDENCE A. STATE ARIZONA		B. COUNTY MARICOPA	C. TOWN OR CITY SCOTTSDALE	D. ZIP CODE 85255
STREET ADDRESS OF R.F.D. 9106 E. LA POSADA COURT		INSIDE CITY LIMITS? (SPECIFY Yes or No) YES	ON RESERVATION (SPECIFY Yes or No) NO	PREVIOUS STATE OF RESIDENCE CALIFORNIA
FATHER'S NAME CHARLES RICKETTS		MOTHER'S MAIDEN NAME EVA JONES		EDUCATION HIGHEST GRADE COMPLETED 12
INFORMANT'S SIGNATURE BY: <i>Robin Machette</i>		RELATIONSHIP TO DECEASED DAUGHTER		ADDRESS 1106 REQUA ROAD, PIEDMONT, CALIFORNIA
BURIAL, CREMATION, REMOVAL, OTHER (Specify) CREMATION	DATE 6/20/03	CEMETERY OR CREMATORY NAME/LOCATION SCOTTSDALE, ARIZONA		EMBALMER'S SIGNATURE NOT EMBALMED
FUNERAL HOME NEWCOMER FAMILY MORTUARY		CITY AND STATE SCOTTSDALE, ARIZONA		FUNERAL DIRECTOR or person acting as such SIGNATURE <i>Robin Machette</i>
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print) HOLDEN, MD, 2020 N. CENTRAL AVE., PHOENIX, AZ		AUTHORIZED FOR CREMATION (SPECIFY) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		MEDICAL EXAMINER'S SIGNATURE <i>Alan</i>
DATE REGISTERED JUN 26 2003		REG. FILE NO. 12550		REG. DISTRICT 10705
PART I. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.		
30. SIGNATURE AND TITLE <i>[Signature]</i>		31. DATE SIGNED (Mo., Day, Year) 6/20/03		32. HOUR OF DEATH 2350
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		34. PRONOUNCED DEAD (Mo., Day, Year) ON		35. PRONOUNCED DEAD (Hour) AT
A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Sepsis		B. DUE TO OR AS A CONSEQUENCE OF Ischemic Bowel		C. DUE TO OR AS A CONSEQUENCE OF
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No) NO		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) YES
MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED		DATE OF INJURY MO. DAY YR.		INJURY AT WORK? (Specify Yes or No) NO
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SCOTTSDALE		WHERE LOCATED? SCOTTSDALE		STREET ADDRESS SCOTTSDALE
CITY OR TOWN SCOTTSDALE		STATE ARIZONA		
SUPPLEMENTARY ENTRIES				

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA

COUNTY OF MARICOPA

DATE ISSUED

July 3, 2003

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Jonathan B. Weisbuch
Jonathan B. Weisbuch, M.D.
County Registrar
Director, Maricopa County Department
Of Public Health

This copy not valid unless prepared on engraved border displaying county seal in color and raised seal of issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE